Minnesota Board of Peace Officer Standards and Training



1600 University Avenue, Suite 200, St. Paul, MN 55104-3825 Office: (651) 643-3060 Fax: (651) 643-3072 http://www.post.state.mn.us

POST USE ONLY						
Course #:	_					
Approved:Evaluator:						
Hours: Letter Sent::						
UOF LO	_					

Continuing Education Course Approval Application

In accordance with Minnesota Law, the POST Board has established a system for promoting the professional competence of peace officers through continuing education. Courses considered for evaluation must be: 1) law enforcement related, 2) promote professional job-related competence, and 3) meet a law enforcement educational need.

Sponsors of approved courses will receive notification of approval indicating a POST Board issued course number and the amount of credit approved which **should be listed on certificates of successful completion**.

To advertise on POST's website the sponsor must submit the course application at least 30 days prior to the first day of the course. Courses not advertised on POST's website must be submitted at least 10 days prior to the first day of the course.

SPONSOR INFORMATION

Spansor Address:

Sponsor Name:			50	Oponson Address.			
Name and Title of Contact Person:							
Phone:	Fax:	Email:	(Ple	Mailing Address: (Please indicate where you would like the approval letter sent if different from the address listed above.)			
☐ New Sponsor (Ch	neck this box o		ot had a course approved in	• •			
			COURSE INFORM	ATION			
Course Title:						edit) Do not include Lunches, Meetings, etc.	
Instructor(s):							
	Bv fillina o		E COURSE SCHE	_	=		
Course Date(s) (Month/Day/Yea	: Lo	ocation Name:	Street Address		City, State & Zip Code:	Rm #:	

 If this course has been approved less than three years of the approval date, it is not mandated trasignificant changes, please indicate the course number below. (Sponsors need not resubmit the course has changed significantly, proceed to number two. Sponsors must submit documentation. Course Number:	course documentation) If the
2. Course documentation <u>must</u> be submitted for evaluation if this course has never been evaluated, there have been significant changes, or it's been more than three years since the last approval do	
 Course documentation (If the following documentation is not submitted, the course will not be en a lnstructor qualifications showing proof of professionally recognized training and experi area; and, instructor training or specialized academic preparation to teach in the assignance overall learning goal (purpose) Specific performance objectives (upon completion the officer will be able to) Course timeline that shows a breakdown of the hours (Courses more than four hours) The body of each major unit of instruction in outline form (can be incorporated with the Instructor evaluation form (if applicable) In addition to the required information, course sponsors may submit any additional information (i.e. handouts references) that may be useful in the evaluation of the course. 	ience in the assigned subject gned subject area
Sponsor's Agreement	
As a representative of the continuing education sponsor I agree to:	
1) comply with Minn. R. 6700.0900, Subp. 13 &14 which requires continuing education providers to have w investigation and resolution of classroom discrimination complaints;	ritten procedures for the
2) make the required announcement to attending officers (The course statement is part of the approval letter classroom discrimination policy the sponsor has on file. The course statement is also on the POST Board	
3) maintain a list of the names and license numbers of all peace officers and part-time peace officers who sand provide attendees with proof of successful completion; and,	successfully complete the course
4) if requested, allow representatives of the POST Board to attend this course to ensure the conditions of the	nis application are met.
By signing this application I affirm I have read the Sponsor's Agreement and have a classroom discr	imination policy on file.
Sponsor Representative Signature:	Date:
Print Signature Written Above:	Phone: (If different than contact person)

Page 2 of 2 Revised 10/15